DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe the named inventor(s) to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUTOMATIC DATA CAPTURE TECHNOLOGY TO ENHANCE DATA COLLECTION the specification of which:

| [] | is attached hereto; | | | | |
|--------|--|----------------------------|----------------------|-------------------|-----------|
| [x] | was filed on October 3, 2003, as Application No, Confirmation No, bearing attorney docket No. G0083.70038US00, and was amended on (if applicable). | | | | |
| | by state that I have review ling the claims, as amended | | | identified specif | fication, |
| | nowledge the duty to di ation in accordance with T | | | ne examination | of this |
| applic | undersigned hereby apportation and all related direct all business in the Pate | visional, continuing, sub- | stitute, renewal, re | issue, re-exam, | |
| Ė₽ | Practitioners at Customer | Number: | 23628 | | |
| ANI |) Practitioner(s) named bel | low: | | | |
| | | Name | Registration | Number | |
| OR | Direct all correspondence to the or the order of the orrespondence address below: | | number | | |
| | ATTORNEY'S NAME | | | | |
| | FIRM NAME | | | | |
| | ADDRESS | | - | | |
| | CITY | STATE | | ZIP | |
| | COUNTRY | TELEPHON | E | FA | |

Address all telephone calls to Steven J. Henry at telephone no. (617) 720-3500.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

.Inventor's signature

Date

Full name of sole inventor:

Citizenship: Residence:

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